

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-013332

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2972

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK.
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis, Missouri

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Louis Maternity

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

4022 DeTonty

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Infant Boy "A" Hahs4. DATE OF DEATH Month Day Year
February 2 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-1-63

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Robert Dale Hahs

13b. MOTHER'S MAIDEN NAME

Lavetta June Beardsley

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
Lavetta J. Hahs, 4022 DeTonty, St. Louis 10, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

PREMATURITY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

ATELECTASIS OF THE NEWBORN

DUE TO (c)

762.5

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12:55pm 2-1-63 to 8:55am 2-2-63 and last saw him alive on 2-2-63
Death occurred at 8:55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

3-31-63

23c. NAME OF CEMETERY OR CREMATORY

Anatomical Board

23d. LOCATION (City, town, or county)

St. Louis, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rowland Mortuary Svc. 4104-06 Manchester MAR 14 1963

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.